

CLIENT REFERRAL FORM



Employer health benefits must be exhausted prior to referring clients for allied health services.

Please send this completed Referral Form with supporting documents to the appropriate location (details on reverse).

Please refer to our website for more information www.wechc.org

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| Diabetes Wellness (DW) site (Ages 18 years or older) 107 – 2885 Lauzon Parkway, Windsor, ON N8T 3H5 Tel: 519-997-2823 e-Fax: 226-216-5174 | Leamington (LM) site 450 – 33 Princess St, Leamington, ON N8H 5C5 Tel: 519-997-2828 e-Fax: 226-216-5178 |
| East Windsor (E) site 107 – 2885 Lauzon Parkway, Windsor, ON N8T 3H5 Tel: 519-997-2827 e-Fax: 226-216-5179 | Sandwich (SC) site 3325 College Ave, Windsor, ON N9C 4E6 Tel: 519-258-6002 e-Fax: 226-315-2053 CDMP e-Fax: 226-216-5179 |
| Downtown (DT) site 1200 University Avenue West, Windsor, ON N9A 5S7 Tel: 519-997-2824 e-Fax: 226-216-5283 | Teen Health (TH) site (Ages 12 to 24 years) 101 – 1361 Ouellette Ave, Windsor, ON N8X 1J6 Tel: 519-253-8481 e-Fax: 226-216-5284 |

Complete specific referral form for programs listed - see weCHC website hyperlink below: (*description on the back of this page*)

[Diabetes Wellness Referral Form](#) Tel: 519-997-2823 Ext. 301 or 302

[OT Grab Bars & Home Safety Referral Form](#) Tel: 519-997-2827 Ext 341

REFERRAL SOURCE:

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|-------------------------------------|-------|
| Referring MD / NP / Agency / Other: | Date: |
| Phone: | Fax: |

CLIENT INFORMATION:

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| Name: | Date of Birth: |
| Address: | Sex: <input type="checkbox"/> M <input type="checkbox"/> F Other: |
| | Phone: |
| Health Card Number: | Can We Leave A Confidential Message: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Spoken Language: | Alternative Contact Info: |
| Client Has Internet & Email: <input type="checkbox"/> Yes <input type="checkbox"/> No | Interpreter Required: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Client Consents To This Referral: <input type="checkbox"/> Yes <input type="checkbox"/> No |

REASON FOR REFERRAL: (See description of services on next page)

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| <input type="checkbox"/> Primary Care | <input type="checkbox"/> General Counselling Support | <input type="checkbox"/> Harm Reduction <input type="checkbox"/> Addiction Services |
| <input type="checkbox"/> Registered Dietitian Services | <input type="checkbox"/> Youth Addictions Counselling | <input type="checkbox"/> Black Health Coordinated and Collaborative Care |
| <input type="checkbox"/> AMANI - Mental Health & Substance Use Supports for Black Youth (formally known as SAPACCY) | <input type="checkbox"/> Gender Diversity Program – Call Chatham-Kent CHC at 519-397-5455 Ext.164 OR Fax: 519-397-5497 | <input type="checkbox"/> Eating Disorder Treatment and Support (Youth) - Call BANA at 1-855-969-5530 or Fax 519-969-0227 <input type="checkbox"/> Intensive Outpatient Program - Call BANA at 1-855-969-5530 or Fax 519-969-0227 |
| <input type="checkbox"/> Falls Prevention Assessment Clinic Tel: 519-962-2284 Ext. 341 e-Fax: 226-216-5179 | <input type="checkbox"/> Respiratory Therapy Services Tel: 519-962-2284 Ext. 341 e-Fax: 226-216-5179 | <input type="checkbox"/> Hepatitis C Program – Fax to Downtown <input type="checkbox"/> Medical Mental Health Assessments for Youth (Ages 12 to 24yrs) |
| Chronic Disease Management Programs at Sandwich site – 3325 College Ave Tel: 519-996-2284 Ext. 341 e-Fax 226-216-5179 <input type="checkbox"/> Therapeutic Exercise <input type="checkbox"/> Pulmonary Rehabilitation Exercise Program <input type="checkbox"/> OT Upper Body Exercise | | <input type="checkbox"/> Chronic Disease Self-Management Program – Education Workshops Tel: 1-855-259-3605 e-Fax: 226-216-5179 |

MEDICAL HISTORY / MEDICATION LIST / SUBSTANCE USE / HARMFUL BEHAVIOUR:

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OT & CDM REFERRALS (ONLY) – Please complete the following:

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| Transfers | |
| Balance | |
| Walking Aid/Distance | |

HEPATITIS C REFERRALS (ONLY) – Please complete the following:

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| <input type="checkbox"/> New HCV Diagnosis for Treatment | <input type="checkbox"/> Psychological / Social Support |
| <input type="checkbox"/> Consult Assessment | <input type="checkbox"/> Retreatment Assessment |

| PRIMARY CARE – Forward Referral to DT, LM, E, SC, TH (ages 12-24 yrs.) sites | |
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| Primary Care (all ages; Teen Health 12-24yrs.) & Medical Mental Health Assessments | General health exams; chronic diseases; substance abuse; birth control & pregnancy; STI testing & treatment; pre/post-natal, medical mental health assessments. |
| COUNSELLING SUPPORT – Forward Referral to DT, LM, E, SC, TH (ages 12-24 yrs.) sites | |
| Counselling – General | Confidential general counselling for all ages (Teen Health 12-24yrs.) |
| Counselling – Addictions Counselling Program (Teen Health 12-17yrs.) | Confidential counselling for teens with current or history of substance use/behavioural addiction, or impacted by another's substance use/addiction |
| HARM REDUCTION & ADDICTIONS SERVICES – Forward Referral to DT, LM, E, SC, TH (ages 12-24 yrs.) sites | |
| Addiction Support Service | Addiction Counselling and system navigation offered by the ASW team across Windsor-Essex. |
| Harm Reduction | Access to Harm reduction education, supplies and naloxone by the ASW team and Hepatitis C team across Windsor-Essex. |
| Naloxone Kits | Offered by the ASW & HCV teams during outreach services and at various weCHC sites for individual pickup |
| GENDER DIVERSITY PROGRAM | |
| Paediatric Affirmative Care Clinic for Chatham-Kent and Windsor-Essex | Medical service for transgender children and youth in Windsor-Essex and Chatham-Kent |
| AMANI - MENTAL HEALTH & SUBSTANCE USE SUPPORTS FOR BLACK YOUTH (ages 12-29 yrs) - Forward Referral to TH | |
| Counselling, Addiction Services, Case Management, Group therapy and Education | Offers culturally responsive and affirming mental health and substance use health support for Black youth, alongside their families and caregivers |
| REGISTERED DIETITIAN SERVICES – Forward Referral to DT, LM, E, SC, TH (ages 12-24 yrs) sites / Forward Diabetes referral to DW | |
| Registered Dietitian Services (all ages) | Individual counselling for chronic disease management, adapting to Canada's Food Guide, gastro-intestinal disorders, and other nutrition concerns |
| EATING DISORDER SERVICES – Call BANA at 1-855-969-5530 | |
| Eating Disorder Treatment & Support (Youth) | Assessment & treatment of eating disorders for youth (12-24yrs.) |
| Eating Disorders Intensive Outpatient Program | Intensive Program for complex eating disorders. Requires eligibility assessment prior to entry. If referral comes from Primary Care, please include growth charts, height/weights from various ages, latest blood work, EKG results (if available), and list of current medications |
| DIABETES WELLNESS – Forward Referral to DW site (Program Specific Referral Required) Forward MYH & DHFY Referral to Chronic Disease Self-Management | |
| Certified Diabetes Educators, Registered Nurses, & Registered Dietitians (Additional Referral Form REQUIRED) | Community-based diabetes education program providing no-charge services at various locations |
| Diabetes Education Classes | Group classes to learn more on how to manage diabetes, Pregnancy and Diabetes |
| Master Your Health (MYH) – Diabetes Series | Peer-led education series for those with diabetes |
| Diabetes, Health Feet, & You (DHFY) | Education series for those with diabetes to learn the importance of foot care and to prevent complications |
| BLACK HEALTH COORDINATED AND COLLABORATIVE CARE – Forward Referral to TH | |
| Black Health Coordinated and Collaborative Care | Counselling, early interventions and community connections for black children/ youth ages 7- 12, pregnant and post-partum black women |
| RESPIRATORY THERAPY SERVICES | |
| Respiratory Therapy Services | COPD & Asthma Action Plan; Education & Assessment Series |
| OCCUPATIONAL THERAPY (OT) SERVICES – FALLS PREVENTION / HOME SAFETY (50+yrs.) | |
| Fall Prevention Assessment Clinic | Individual assessments for those at risk of falls |
| Grab Bar & Home Safety Program (Program Specific Referral Required - Criteria Must be Met) | In-home OT assessment for clients that meet income means assessment for grab bars installed in the bathroom. Grab bars will be professionally installed. Identification and education related to home hazards, falls prevention &/or equipment needs. |
| CHRONIC DISEASE MANAGEMENT PROGRAM (CDMP) – EXERCISE PROGRAMS | |
| Therapeutic Exercise – PT & R. Kin Led (Assessments Completed by weCHC Staff) | Circuit/Online program is intended for adults with functional or mobility limitations requiring modified and supervised exercise due to a chronic health condition, such as Heart Disease, Stroke, Arthritis, MS, Parkinson's, etc. |
| Pulmonary Rehabilitation Exercise Program – RRT & R. Kin – Led (Assessments completed by weCHC staff) | It is an online program for individuals managing a chronic pulmonary disease such as: COPD, Asthma, Pulmonary Fibrosis, and others, etc. |
| Upper Body Exercise Program – OT - Led (Assessments Completed by weCHC Staff) | Group/online program is intended for adults with mild-to-severe upper body limitations due a chronic health condition, such as Arthritis, Stroke, MS, Parkinson's, etc. |
| CHRONIC DISEASE SELF-MANAGEMENT PROGRAM (CDSMP) – EDUCATION WORKSHOPS | |
| Master Your Health – Chronic Conditions | Peer-led education series for those living with a chronic condition – online / in-person |
| Master Your Health – Chronic Pain | Peer-led education series for those living with chronic pain – online / in-person |
| Powerful Tools for Caregivers | Peer-led education series to support caregivers of any kind to take care of themselves while caring for others – online / in-person |
| Getting the Most from your Healthcare Appointment | Workshop focused on what to do before/during/after an appointment; individual action-planning to optimize health – online / in-person |
| HEPATITIS C PROGRAM – Forward Referral to DT site | |
| Hepatitis C (HCV) Testing, Treatment, & Support | Support & treatment for those affected with or at risk of acquiring Hepatitis C; access to quality specialized care & Naloxone Kits available throughout Windsor-Essex and Chatham-Kent. |
| OTHER – Forward Referral to DT site | |
| Identification Clinic (Downtown Site ONLY) | Replacement health cards if homeless (no address) |